

FAX TRANSMITTAL
TO THE UNITED STATES PATENT OFFICE

FEB 09 2004
OFFICIAL

Applicants Docket Number:
USFI5026US CNT

Applicants:
BEGON, et al.

Serial No.
10/075,213

Filing Date:
February 13, 2002

Title of Invention:
Process for Producing Fine Medicinal Substances

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted via
facsimile to the Commissioner for Patents, P.O. Box 1450, Alexandria,
VA 22313-1450, at 703-872-9306, on
Date of Deposit February 5, 2004
Printed Name of Person Signing Certificate Bernie Stein
Signature Bernie Stein

Total Number of Pages Sent: 17

Attorney: W. C. Coppola

Group Art Unit: 1615
Examiner: Pulliam, Amy E

TO: Mail Stop
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Please acknowledge receipt of the below-listed documents for the above Application by returning this sheet,
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- | | |
|--|--|
| <input checked="" type="checkbox"/> Amendment, 37 CFR 1.111 | <input type="checkbox"/> Fee Transmittal |
| <input type="checkbox"/> Charge deposit account, in duplicate | <input type="checkbox"/> Petition under 37 CFR _____ |
| <input checked="" type="checkbox"/> Extension of Time Petition - 2 month | <input checked="" type="checkbox"/> Other <u>Claim Transmittal Fee Sheet</u> |
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Aventis Pharmaceuticals Inc., Route 202-206, P.O. Box 6800, Bridgewater, New Jersey 08807, U.S.A. www.aventis.com
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Aventis Pharmaceuticals Inc. template (March 2001)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Bigon, et al.

Examiner: Pulliam, Amy E.

Application No.: **10/075,213**

Art Unit: 1615

Filed: **February 13, 2002**Title: **Process for Producing Fine Medicinal Substances****TELEFAX CERTIFICATE**

I hereby certify that this correspondence is being transmitted via facsimile, 703-872-9306 to the Commissioner for Patents, Alexandria, VA 22313, on

February 5, 2004

Date of Transmission

Signature *Donnie Stein*

Mail Stop
Commissioner for Patents
P. O. Box 1450
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Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

(1)	(2) CLAIMS REMAINING AFTER AMENDMENT*	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR** / ***	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	22	MINUS	20	2	18.00	\$36
INDEPENDENT CLAIMS	4	MINUS	3	1	86.00	\$86
MULTI-DEPENDENT CLAIMS(S), Per Application (290.00)						\$122
TOTAL AMENDMENT FEE FOR THIS AMENDMENT						\$122.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in Total Claims is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in Independent Claims is less than 3, write "3" in this space.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. 1.16 which may be required by this paper or credit any overpayment to Account No. 18-1982.

Respectfully submitted,


William C. Coppola, Reg. No. 41,686

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Aventis Docket No. USF15026US CNT